Feature Article

Articulation of the National Health Education Standards to Support Learning and Healthy Behaviors Among Students

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ABSTRACT

The original and revised National Health Education Standards (NHES) and performance indicators provide the foundation for curriculum, instruction and assessment in health education. The article clarifies the revised NHES and performance indicators for classroom teachers, health education teachers, curriculum directors, state department of education health educators working on the development of state-level standards, and health education teacher education faculty working in institutions of higher education. This articulation of the standards and the performance indicators will facilitate their appropriate utilization in planning, implementing and evaluating health education curriculum, instruction and assessment for students in grades pre-kindergarten through 12 as well as professional preparation and development experiences for pre-service and in-service classroom and health education teachers. Therefore, a deeper understanding of the revised NHES and the performance indicators is important for classroom teachers, health education teachers, curriculum directors and other local school personnel as well as individuals working in institutions of higher education and state education and health agencies. This article provides an overview of the NHES, an in-depth description and clarification of the NHES and the sub-concepts and sub-skills embedded in the performance indicators, and strategies for integrating the NHES and performance indicators with health education curricula, instruction and assessment.

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INTRODUCTION

The National Health Education Standards (NHES) and performance indicators[1,2] provide the foundation for curriculum, instruction and assessment in health education. In 1995, the Joint Committee on National Health Education Standards released *National Health Education Standards: Achieving Health* Literacy.[1] In 2007, the revised standards and performance indicators, *National Health Education Standards: Achieving Excellence*[2] were released. Many state and local education agencies have developed standards and/or curriculum frameworks based on, or aligned with, the original or revised NHES.[1,2] Researchers reporting the results of the 2006 School Health Policies and Programs Study[3] note that most states (72.2%) and many districts (66.0%) required or encouraged districts or schools to follow standards or guidelines for health education based on the NHES. Additionally, researchers reporting 2006 School Health Profiles[4] state that many secondary schools (24.7% to 76.9% across states; median = 44.1%) and cities (0.0% to 63.7% across states; median = 33.3%) require teachers to use the NHES within required health education courses.

Despite widespread adoption or adaptation of the health education standards and involvement by local and state education agencies in activities related to the original and revised NHES,[1,2] there is a limited amount of information about the standards

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in the literature of education, public health and health education.[2-12] In an article written for the education community, Kolbe[5] made reference to the health education standards in his discussion of the role of coordinated school health programs in education reform. The emphasis of the original health education standards on health literacy was noted in the Institute of Medicine Report *Health Literacy: A Prescription to End Confusion*.[6] Peterson and associates[7] also highlighted the emphasis on health literacy in the original standards and argued for the need to promote health literacy in teacher preparation programs. Broadbear and Keyser[8] suggested that the emphasis of the original NHES and performance indicators on critical thinking was evidence supporting the need for health education teachers to develop students' critical thinking skills, whereas, Tappe and Galer-Unti[9] drew upon the original standards to identify strategies for developing advocacy skills in students. Marx and colleagues[10] and Pateman[11] identified the original national health education standards as the basis for assessment initiatives in health education. Finally, Balaji and colleagues, [4] and Kann and associates[3] report the results of surveillance activities designed to monitor policies related to the use of the standards. Given the emphasis by these authors on the significance of the NHES, it is important to clarify the revised standards and performance indicators[2] to facilitate their appropriate utilization in planning, implementing and evaluating health education curricula, instruction, and assessment.

The purpose of this article is to focus on the revised eight NHES and the performance indicators[2] linked to each of these standards to clarify and explain the concepts and skills that students need to engage in healthy behaviors. A deeper understanding of the revised NHES[2] and especially the performance indicators is important for classroom teachers, health education teachers, curriculum directors, and other local school personnel as they plan, implement, and evaluate their health education program. Others who will benefit from an in-depth understanding of the standards are people working in state education agencies involved in initiatives related to the development of state-level standards, curriculum frameworks and assessment systems, and personnel from institutions of higher education and state education and health agencies who provide professional preparation and development experiences for pre-service and in-service classroom and health education teachers. The current publication, *National Health Education Standards: Achieving Excellence*[2], provides a rationale statement to help clarify each standard, but the document does not provide an in-depth description of the developmentally appropriate sub-concepts and sub-skills for each grade level span. In addition to articulating the NHES and the performance indicators, this article will also provide strategies for integrating the revised NHES and performance indicators with health education curricula, instruction, and assessment.

OVERVIEW OF THE REVISED NATIONAL HEALTH EDUCATION STANDARDS AND PERFORMANCE INDICATORS

The eight revised NHES[2] are shown in Table 1. These standards describe what students should know and be able to do to engage in healthy behaviors. The focus on healthy behaviors as the outcome of students' learning is a paradigm shift from the 1995 NHES[1] which was to promote health literacy. This paradigm shift acknowledges that although the capacity to "…obtain, interpret and understand basic health information and services, and the competence to use such information and services in ways which enhance health"[1] (p. 5) is essential to adopting and maintaining healthy behaviors, research has shown that students also need healthy beliefs, values and norms to engage in healthy behaviors.[13] This emphasis on health-related knowledge, skills, and healthy beliefs, and values and norms better reflects the results of current health education curriculum evaluation and research and is consistent with the focus on specific behavioral outcomes as identified in United States Centers for Disease Control and Prevention's *Characteristics of Effective Health Education* Curricula.[13]

The performance indicators aligned with the NHES[2] delineate the specific health-related concepts and skills students should know and be able to do by the completion

Table 1. The Revised National Health Education Standards[2]

Standard 1 -	Students will comprehend concepts related to health promotion and disease prevention to enhance health. (Essential Health Concepts)
Standard 2 -	Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors. (Analyzing Influences on Health Behavior)
Standard 3 -	Students will demonstrate the ability to access valid information and products and services to enhance health. (Accessing Health Resources)
Standard 4 -	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks. (Interpersonal Communication for Health)
Standard 5 -	Students will demonstrate the ability to use decision-making skills to enhance health. (Decision Making for Health)
Standard 6 -	Students will demonstrate the ability to use goal setting skills to enhance health. (Goal Setting for Health)
Standard 7 -	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce risks. (Healthy Behaviors)
Standard 8 -	Students will demonstrate the ability to advocate for personal, family, and community health. (Advocacy for Health)

of grades 2, 5, 8 and 12. Students must successfully attain all of the performance indicators for each standard to show achievement of the standard.[2] Standard 1 and its performance indicators reflect essential health concepts that students should know to adopt and maintain healthy behaviors. Standards 2 through 6 and Standard 8, and the performance indicators aligned with these standards, focus primarily on the health-related skills students need to engage in healthy behaviors. The performance indicators for Standard 2 also incorporate the diverse factors that influence health practices and behaviors, including personal beliefs and values, and perceived norms (see Table 2). Health-related skills are defined by the CDC as "Abilities to translate knowledge and readiness into the performance of actions that enable students to deal with social pressures, avoid or reduce risk-taking behaviors, enhance and maintain personal health, and promote the health of others"[12] (p. G-3). These skills include: analyzing influences on health behavior (Standard 2), accessing health resources (Standard 3), interpersonal communication for health (Standard 4), decision making for health (Standard 5), goal setting for health (Standard 6), and advocacy for health (Standard 8). The essential health concepts emphasized in Standard 1, and the skills attained in Standard 2 through Standard 6, enable students to practice healthy behaviors (Standard 7) and are related to the advocacy skills students need to promote not only their own health but also the health of their families, schools and communities (Standard 8) (Table 3).

There are a number of important emphases of the revised NHES[2] and performance indicators. First, there is the paradigm shift to an emphasis on healthy behavior as a result of students learning health-related concepts and skills, and considering personal beliefs and values, and perceived norms. Second, the revised standards and performance indicators emphasize the alignment of standards, performance indicators, curriculum, instruction, and assessment in order to influence learning and healthy behavior. Third, they emphasize standards-based, performance assessment of student learning. Fourth, the revised standards and performance indicators emphasize CDC's *Characteristics of Effective Health Education Curricula*.[13] For example, the CDC characteristic that effective health education curricula address skills to build personal and social competence and self efficacy is reflected by the emphasis of the NHES[2] on the development of health-related skills (Standards 2, 3, 4, 5, 6, and 8).

THE REVISED NATIONAL HEALTH EDUCATION STANDARDS AND PERFORMANCE INDICATORS

The revised eight NHES[2] standards and the performance indicators linked to each of the standards clarify the concepts and

Table 2. Performance Indicators[2] and Beliefs, Values, and Norms

Beliefs, Values and Norms	Performance Indicators[2]	
	6-8 Grade Span	9-12 Grade Span
Standard 1: Essential Health Concepts		
Perceived Benefits and Perceived Barriers	1.8.7 Describe the benefits and barriers to practicing healthy behaviors.	1.12.7 Compare and contrast the benefits of and barriers to practicing a variety of healthy behaviors.
Perceived Susceptibility	1.8.8 Examine the likelihood of injury or illness if engaging in unhealthy behaviors.	1.12.8 Analyze the personal susceptibility to injury, illness or death if engaging in unhealthy behaviors.
Perceived Severity	1.8.9 Examine the potential seriousness of injury or illness if engaging in unhealthy behaviors.	1.12.9 Analyze the potential severity of injury or illness if engaging in unhealthy behaviors.
Standard 2: Analyzing Influences on Health Behavior		
Social Norms	2.8.7 Explain how the perceptions of norms influence healthy and unhealthy behaviors.	2.12.7 Analyze how the perceptions of norms influence healthy and unhealthy behaviors.
Personal Values and Beliefs	2.8.8 Explain the influence of personal values and beliefs on individual health practices and behaviors.	2.12.8 Analyze the influence of personal values and beliefs on individual health practices and behaviors.

skills students need to engage in healthy behaviors. Each of the eight standards and the performance indicators are more clearly delineated in the following paragraphs to provide further clarification of the revised NHES[2] document.

Standard 1: Essential Health Concepts

The first of the eight standards, essential health concepts, reflects the concepts and perceptions that students should know, understand and believe to engage in health-enhancing behaviors and avoid health risks. The performance indicators for Standard 1 are broad so that states and school districts can focus on the health issues and problems that are most important to their students. The functional knowledge delineated in the CDC's *Health Education Curriculum Analysis Tool*[12] provides valuable guidance regarding the specific concepts and information that students need to know in order to engage in healthy behaviors.

Students in pre-K to grade 2 demonstrate their ability to comprehend concepts related to health promotion and disease prevention when they can provide accurate, specific and complete information related to:

- healthy behaviors
- the dimensions of health
- preventing disease and injuries
- the importance of seeking health care

Students in grades 3 to 5 demonstrate their attainment of Standard 1 when they can provide accurate, relevant, specific and complete information related to:

- healthy behaviors
- the dimensions of health
- healthy environments
- preventing injuries and health problems
- the importance of seeking health care

Students in grades 6 to 8 demonstrate their ability to comprehend concepts related to health promotion and disease prevention when they can provide accurate, relevant, specific and complete information related to:

- the relationship between healthy behaviors and personal health
- interrelationships between the dimensions of health
- how the environment affects personal health
- how family history can affect personal health
- preventing injuries and health problems
- the importance of seeking health care

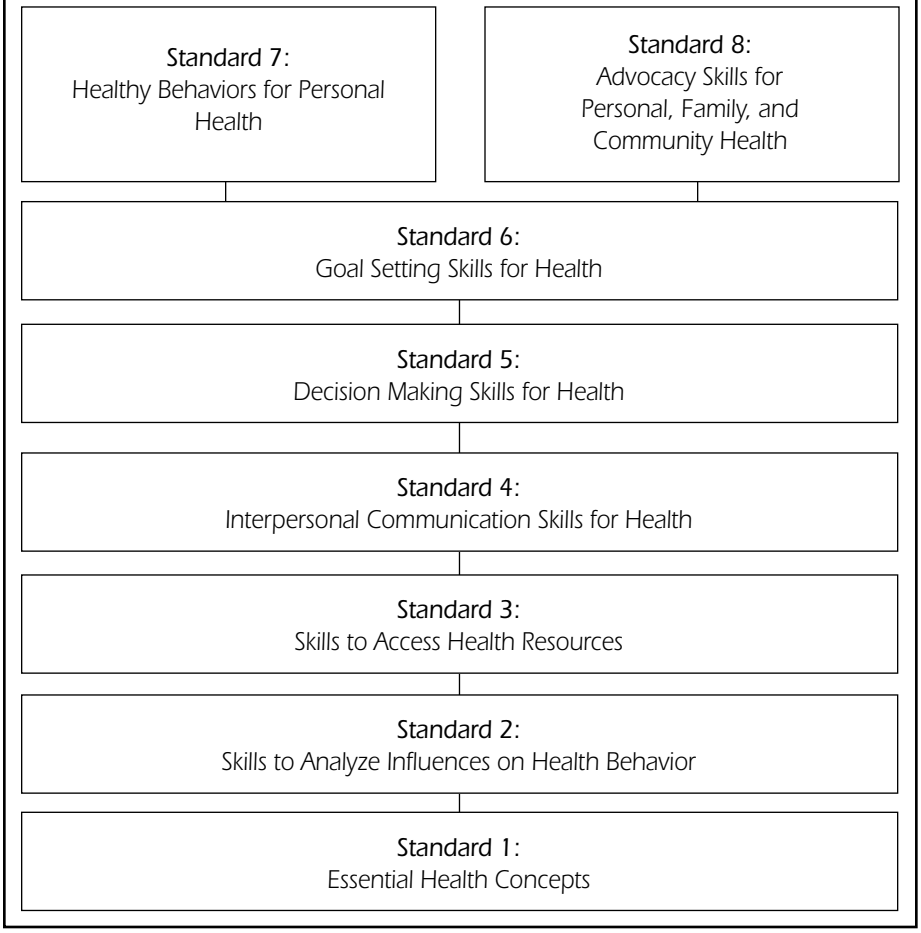
Students in grades 9 to 12 demonstrate their attainment of Standard 1 when they can provide information or an analysis that has breadth and depth and is accurate, relevant, specific and complete information related to:

- the relationship between healthy behaviors and health
- interrelationships among the dimensions of health
- how environment and personal health are interrelated
- how genetics and family history affect personal health
- reducing or preventing injuries and health problems
- the relationship between access to health care and health status
- benefits of and barriers to practicing a variety of healthy behaviors
- personal susceptibility and potential severity of injury, illness, or death if engaging in unhealthy behaviors

Standard 2: Analyzing Influences on Health Behavior

Analyzing influences on health behavior is the ability to examine diverse internal and external factors and their effect on personal

Table 3. Relationship Between the Eight National Health Education Standards[2]



health practices and behaviors. Internal factors include perceptions of norms, personal values and beliefs, and health-related behaviors. External factors that influence health behavior include family, school, media, culture, peers, community, technology, school and public health policies, and government regulations and their enforcement.

Pre-K to grade 2 students demonstrate their ability to analyze influences on health behavior when they can:

• Identify relevant influences of family, school and media

• Identify the effects of influences on personal health practices and behaviors

Students in grades 3 to 5 demonstrate their attainment of Standard 2 when they can:

• Identify relevant influences of family, culture, peers, school and community, media and technology

• Identify the effects of influences on personal health practices and behaviors, thoughts and feelings, and personal health

Students in grades 6 to 8 demonstrate their ability to analyze influences on health behavior when they can:

• Identify the influence of culture, peers and school, and public health policies on health beliefs practices and behaviors, and health promotion and disease prevention

• Analyze the influence of family, school, community, media and technology on health, and health practices, and behaviors

• Explain how perceptions of norms, personal values and beliefs, and health risk behaviors influence healthy and unhealthy practices, and behaviors

Students in grades 9 to 12 demonstrate their achievement of Standard 2 when they can:

• Analyze how the family influences individual health

• Analyze how culture supports and challenges health beliefs, practices and behaviors

• Analyze how peers, perceptions of norms, and personal values and beliefs influence healthy and unhealthy behaviors

• Analyze how some health risk behaviors influence the likelihood of engaging in other unhealthy behaviors

• Analyze how polices and regulations influence health promotion and disease prevention, evaluate how school and community effect personal health practices and behaviors

• Evaluate the effect of media and technology on personal, family and community health

Standard 3: Accessing Health Resources

Accessing health resources is the ability to identify, locate, analyze, compare, evaluate and use valid and reliable health information, products, and services to enhance health.

Pre-K to grade 2 students demonstrate their ability to access health resources when they can:

• Identify trusted adults and professionals who can help promote health

• Identify ways to locate school and community health helpers

Students in grades 3 to 5 demonstrate this skill when they can:

• Identify characteristics of appropriate health information, products and services

• Locate sources of appropriate health information

Students in grades 6 to 8 demonstrate their ability to access health resources when they can:

• Analyze the validity of health information, products and services

• Locate sources of valid and reliable health information, products and services

• Determine the availability of health products

• Describe situations that call for professional health services

Students in grades 9 to 12 demonstrate achievement of Standard 3 when they:

• Evaluate the validity of health information, products, and services

• Use resources that provide valid health information

• Determine the accessibility of health products and services

• Determine when professional health services may be required

• Use valid and reliable health products and services

Standard 4: Interpersonal Communication for Health

Interpersonal communication for health is the ability to organize and verbally and nonverbally convey information and feelings to develop and maintain healthy personal relationships, enhance health and avoid or reduce health risks. Interpersonal communication for health includes the following sub-skills: nonverbal communication for health, listening skills for health, assertive communication for health, skills to request and offer help, refusal skills for health, conflict resolution skills for health and negotiation skills for health. Nonverbal communication for health is the ability to use or interpret another person's use of space, time, movement, touch, eye contact, tone of voice, posture, facial expressions and gestures to communicate feelings or information and enhance or protect health. Additional elements of nonverbal communication include matching nonverbal behavior when conveying verbal messages.

Listening skills for health is the ability to show respect for, and attend to, the thoughts and feelings communicated by others to enhance or protect health. Elements of listening skills include: providing one's undivided attention, being aware of the speaker's nonverbal communication, appropriately providing verbal and nonverbal feedback, maintaining eye contact when culturally appropriate and clarifying and reflecting the speaker's message.

Assertive communication for health is the ability to confidently express in healthy ways what one needs, wants and feels with regard to physical, mental, emotional and social health. Elements of assertive communication include: appreciating self and others; expressing needs, wants, and feelings in healthy ways; assuming responsibility for one's own needs, wants, feelings and behaviors; using "I" messages; and using nonverbal

behavior to enhance one's verbal message.

Skills to request and offer help is the ability to ask for and/or extend assistance when one is threatened or harmed or when assistance is needed to enhance or protect health. Elements of skills to request and offer help include: selecting appropriate situations for requesting or offering help; making requests in an assertive manner or offering assistance in a clear and supportive manner; being interested in, and respecting, the thoughts, feelings, and/or assistance of others; demonstrating active listening skills; and respecting privacy and confidentiality but acknowledging the need to inform a trusted adult when someone is in danger.

Refusal skills for health is the ability to use verbal and nonverbal communication skills to say no and avoid or reduce health risks. Elements of refusal skills for health include: making a clear refusal statement; using one or more refusal strategies (providing a reason or an excuse, suggesting an alternative, changing the subject, delaying, saying nothing, using humor, reversing the pressure, saying no again and again, walking away and getting help); and appropriately and confidently using nonverbal communication strategies (space, movement, eye contact, tone of voice, posture, facial expressions and gestures) to support the refusal message.

Conflict resolution for health is the ability to work out disagreements and differences with others to prevent, manage, or resolve the discord and protect physical, mental, emotional and social health. Elements of conflict resolution include: acknowledging that a conflict exists; in threatening situations, leaving and getting help; remaining in control and not escalating the conflict; listening to the other person and trying to see the situation from the other person's point of view; working with the other person to explore possible solutions; agreeing to a solution to the conflict that is fair for both persons, and seeking, if needed, the help of a trusted adult.

Negotiation for health is the ability to discuss a mutual issue or concern with others and cooperatively agree on a compromise or settlement that enhances or protects physical, mental, emotional and social health. Elements of negotiation for health include: identifying the issue, possible solutions to the issue and pros and cons related to each solution; identifying one's bottom line regarding the resolution of the issue and sticking with it; determining the settlement range by identifying the best case and worst case scenarios related to resolving the issue; and reaching an agreement within the settlement range.

Pre-K to grade 2 students demonstrate their ability to achieve Standard 4 when they:

- Communicate needs, wants and feelings in healthy ways
- Use active listening skills including paying attention, and verbal and nonverbal feedback
- Use refusal skills including firmly saying no, getting away and telling a trusted adult when feeling threatened or harmed

Students in grades 3 to 5 show effective interpersonal communication skills for health when they:

- Demonstrate effective verbal and nonverbal communication skills
- Demonstrate refusal skills that avoid or reduce health risks
- Demonstrate ways to manage or resolve conflict, including staying in control
- Demonstrate how to ask for help to improve health

Students in grades 6 to 8 attain Standard 4 when they:

- Demonstrate the use of verbal and nonverbal communication skills to enhance health
- Demonstrate refusal and negotiation skills that avoid or reduce health risks
- Demonstrate ways to manage or resolve conflict
- Demonstrate how to ask for assistance to improve health

Students in grades 9 to 12 show their attainment of Standard 4 when they:

- Demonstrate effective communication skills to enhance health
- Demonstrate refusal, negotiation and collaboration skills
- Demonstrate strategies prevent, manage, or resolve interpersonal conflict
- Demonstrate how to ask for and offer assistance to improve the health of self and others

Standard 5: Decision Making for Health

Decision making for health is the ability to identify situations which require personal and collective health-related decisions, identify healthy options related to the issue or problem, assess the short- and long-term consequences of these options, choose and act on the choice, and evaluate the effectiveness of the decision.

Pre-K to grade 2 students demonstrate skills to make decisions for health when they:

- Identify situations which need a health-related decision
- Describe when help is needed and when it is not needed to make a healthy decision

Students in grades 3 to 5 demonstrate their achievement of Standard 5 when they:

- Identify situations which need a health-related decision
- Decide when help is needed and when it is not needed to make a healthy decision
- Identify healthy options and their potential outcomes
- Choose a healthy option and describe the final outcome

Students in grades 6 to 8 demonstrate decision making for health when they:

- Identify circumstances that help or hinder healthy decision making
- Determine when health-related situations require a decision
- Distinguish when decisions should be made individually or with others
- Distinguish between healthy and unhealthy alternatives and predict their potential outcomes
- Choose a healthy alternative and analyze the final outcome.

Students in grades 9 to 12 demonstrate Standard 5 when they:

• Examine barriers to healthy decision making

• Determine the value of applying thoughtful decision making

• Justify when individual or collaborative decision making is appropriate

• Generate alternatives

• Predict potential short-term and long-term impact of alternatives

• Defend healthy choices and evaluate the effectiveness of health-related decisions.

Decision making for health may include other health-related skills such as accessing health resources, and analyzing influences on health behavior. The skill of decision-making for health is often utilized while performing other health-related skills such as goal setting for health, interpersonal communication for health, and advocacy for health.

Standard 6: Goal Setting for Health

Goal setting for health is the ability to assess personal health practices and health status, set a personal health goal, develop a plan of action that includes behavioral strategies to achieve the goal, implement the plan and monitor progress toward achieving the goal. Sub-skills related to the skill of goal setting for health include: self-assessment for health, self-monitoring for health, and strategies for adopting healthy behaviors.

Self-assessment for health is the ability to identify and evaluate one's health-related practices and health status. This skill is used to develop strategies to improve or maintain personal health. In the process of self-assessment, students may identify strengths and weaknesses, healthy and unhealthy behaviors, health risks, health status and health concerns. Students demonstrate their ability to perform this skill when they assess their personal health practices and personal health status, evaluate the findings of these assessments and identify personal health strengths, weaknesses and needs.

Self-monitoring for health is the ability to observe and record over time one's progress toward a health-related goal. Self-monitoring is one of many strategies for adopting healthy behaviors. Strategies for adopting healthy behaviors are the ability to use a variety of processes of change to improve or maintain personal health. Strategies for adopting healthy behaviors include: monitoring of personal health-related behaviors (self-monitoring); quitting unhealthy behaviors (cold turkey); designing plans to modify health behaviors to meet personal needs and interests (tailoring); using reminders and other environmental stimuli to prompt the practice of healthy behaviors (behavioral cues); reducing, eliminating, or managing environmental cues to engage in unhealthy behavior (stimulus control); replacing unhealthy behaviors with healthy behaviors (substitution); linking a desired health behavior to other patterns of health-related behavior (chaining); gradually adopting healthy behaviors or eliminating unhealthy behaviors (graduated regimen implementation or progression); internal and external reinforcement for healthy behavior (reinforcement); eliciting social support for healthy behavior (social support); and contracting with oneself or others to support and reinforce positive changes health-related behavior (contracting). Elements of strategies for adopting healthy behaviors include: identifying one or more of these strategies to adopt a healthy behavior or eliminate an unhealthy behavior; appropriately employing one or more of these strategies to adopt a healthy behavior or eliminate an unhealthy behavior; and evaluating the results of using one or more of these strategies to engage in a healthy behavior or eliminate an unhealthy behavior.

Pre-K to grade 2 students demonstrate their ability to set goals for health when they:

• Identify a personal short-term goal that is realistic

• Take steps to achieve the goal

• Identify people who can help achieve a personal health goal.

Students in grades 3 to 5 demonstrate their attainment of Standard 6 when they:

• Set a personal health goal that is realistic and tracks progress to achieve the goal

• Identify resources that can help achieve a personal health goal

Students in grades 6 to 8 demonstrate their ability set goals for health when they:

• Assess personal health practices

• Set a personal health goal

• Use strategies to achieve the goal

• Describe how personal goals vary with changing abilities, priorities and responsibilities

Students in grades 9 to 12 demonstrate Standard 6 when they:

• Assess personal health practices and health status

• Develop a plan to attain a personal health goal

• Implement strategies, including self-monitoring, to achieve the goal

• Formulate effective long-term personal health plan

Standard 7: Healthy Behaviors

Standard 7, healthy behaviors, is the application of health concepts and skills that incorporates students' personal beliefs and value for health and their accurate perceptions of norms. This standard includes the willingness to accept personal responsibility for health and the ability to practice health-enhancing behaviors and to avoid or reduce health risks.

Pre-K to grade 2 students demonstrate healthy behaviors when they:

• Demonstrate healthy practices and behaviors

• Avoid health risks

Students in grades 3 to 5 demonstrate Standard 7 when they:

• Identify responsible personal health behaviors

• Demonstrate healthy practices and behaviors

• Demonstrate behaviors to avoid or reduce health risks

Students in grades 6 to 8 demonstrate

healthy behaviors when they:

• Explain the importance of being responsible for personal health behaviors

• Demonstrate healthy practices and behaviors to improve the health of self and others

• Avoid or reduces health risks to self and others

Students in grades 9 to 12 demonstrate Standard 7 when they:

• Analyze individual responsibility for health

• Demonstrate healthy practices and behaviors to improve the health of self and others

• Avoid or reduce health risks to self and others

Standard 8: Advocacy for Health

Advocacy for health is the ability to encourage others to act in ways which enhance personal, family, and community health. Elements of advocacy for health include: making requests to enhance personal health; encouraging others to make positive health choices; acting with conviction and being persuasive; having a clear, health-enhancing message; using accurate information to support the message; when appropriate, working with others to advocate for health; and adapting the advocacy message and communication techniques to the audience.

Pre-K to grade 2 students demonstrate advocacy for health when they:

• Make requests to promote personal health

• Encourages friends and classmates to make healthy choices

Students in grades 3 to 5 demonstrate Standard 8 when they:

• State opinions about health issues

• Give factual information about health issues

• Sct with conviction when persuading others to make positive health choices

Students in grades 6 to 8 demonstrate advocacy for health when they:

• State a health-enhancing position and support it with accurate information

• Influence and support others to make positive health choices

• Work with others to advocate for healthy individuals, families and schools

• Describe ways to adapt health messages for different audiences

Students in grades 9 to 12 demonstrate Standard 8 when they:

• Use norms to create a health-enhancing message

• Influence and support others to make positive health choices

• Work with others to advocate for improving personal, family and community health

• Adapt health messages and communication techniques to a specific target audience

STRATEGIES FOR SCHOOLS AND SCHOOL SYSTEMS TO INTEGRATE THE NATIONAL HEALTH EDUCATION STANDARDS INTO CURRICULUM, INSTRUCTION, AND ASSESSMENT IN HEALTH EDUCATION

Strategies for schools and school systems to integrate the National Health Education Standards[2] and performance indicators into planning, implementing and evaluating curriculum, instruction, and assessment include initiatives traditionally associated with this process as well as professional development for teachers and other relevant school personnel to engage in this process. Classroom teachers, health education teachers and school administrators involved in these activities need professional development to enable them to:

• Understand the characteristics of effective health education curricula[13]

• Understand the NHES performance indicators as defined in this article

• Understand the elements of health-related skills and sub-skills as defined in this article

• Align curricula, instruction and assessments with the NHES and performance indicators

• Map curricula[14] within and between grades to ensure coverage of the NHES and performance indicators

• Teach and assess functional knowledge as delineated in the CDC's *Health Education Curriculum Analysis Tool*[12] as well as health-related skills and sub-skills as identified in the NHES and performance indicators[2] and defined in this article

• Use CDC's *Health Education Curriculum Analysis Tool* to guide in the review or development of health education curricula

The primary providers of professional development to enable classroom teachers, health education teachers and school administrators to develop these understandings and complete these tasks include state Departments of Education and institutions of higher education. A cadre of over 100 individuals from 41 states and representing state Departments of Education and institutions of higher education are prepared to provide training related to the characteristics of effective health education curricula and NHES and performance indicators as a result of the American Cancer Society's National Health Education Standards Training of Trainers. Additionally, the CDC's Division of Adolescent and School Health (DASH) has a cadre of master trainers to provide workshops on how to use the *Health Education Curriculum Analysis Tool*.[12, 15] Further, many state Departments of Education provide trainings and have personnel available to provide training related to the assessment of students' functional knowledge and health-related skills.

Strategies for schools and school systems to integrate the NHES and performance indicators into curriculum instruction, and assessment in health education include activities related to curriculum alignment and curriculum mapping. Classroom teachers, health education teachers and school administrators should start by aligning existing curricula and assessments with the revised NHES and performance indicators at the classroom, school and school district levels. After existing curricula and assessments have been aligned with the revised NHES and performance indicators, curriculum mapping should be conducted to ensure the coverage of the NHES and performance

indicators within and between grades and schools. Further, CDC's *Health Education Curriculum Analysis Tool*[13] should be used to analyze curricula to support the potential revision, selection and/or development of curricula that is aligned with the revised NHES and performance indicators and to ensure coverage of the revised NHES and performance indicators through health education curriculum, instruction, and assessment.

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